

## Fill in instructions “Data Subject Request Form”

According to the Legal Framework on Data Protection you have the right to know which of your personal data we hold and process and the right to request rectification of your data. Under the conditions defined by law, you also have the right to request deletion, restriction of processing and object to automated processing. You can exercise these rights by written request in the attached form. However, in order to facilitate you in submitting a complete request, which will allow us to respond in a timely manner, we advise you to use this form. Our response will be addressed to you or to a third party that you may authorise to act on your behalf. You will also need to provide proof of your identity. Your request will be processed **within 30 calendar days** upon receipt of a fully completed form and proof of identity.

**Proof of identity:** We require proof of your identity before we can disclose personal data. Proof of your identity should include a copy of an identification document e.g. personal ID, passport, residence permit and a document to verify your address e.g. a recent utilities bill. If you are submitting the request on behalf of another data subject, you will need to provide identity evidence of the data subject and proof of your right to act on their behalf.

**Administration fee:** Information and copies of the personal data undergoing processing are provided free of charge. If the data subject asks for additional copies of the personal data undergoing processing or the data subject request is unfounded or excessive, in particular because of their repetitive character, the Company reserves the right to refuse to act on the request or charge a reasonable administrative fee determined on a case by case basis.

Please don't use this form to get general information or to submit other types of requests to us.

**Please send your completed attached form and proof of identity to:**

**SARKK S.A.**, 67 Tzavella & Messogeion Ave, 152 31, Halandri

Call center: +30 211 1764600

[dpo@sarkk.gr](mailto:dpo@sarkk.gr)



Company Logo goes here

**1. Data Subject Information**

<b>Name:</b>			
<b>Surname:</b>			
<b>Date of birth:</b>			
<b>Address:</b>	<b>Street:</b>		<b>Number:</b>
	<b>Town/Area:</b>		<b>Postal Code:</b>
	<b>Region:</b>		<b>Country:</b>
<b>Email:</b>			
<b>Phone:</b>			

**2. I am enclosing the following copies as proof of identity (mark with an X)**

<b>Personal ID</b>	<input type="checkbox"/>	<b>Passport</b>	<input type="checkbox"/>	<b>Residence Permit</b>	<input type="checkbox"/>
<b>Other</b>					

**3. I am enclosing the following address recent verification documents (mark with an X)**

<b>Utilities Bill</b>	<input type="checkbox"/>	<b>Telephony Bill</b>	<input type="checkbox"/>	<b>Verification of residence address by Tax Authority</b>	<input type="checkbox"/>
<b>Other</b>					

**4. Relationship with the Company**

Please describe your relationship with the Company (e.g. employee, client, provider, partner etc.):

**5. I Want to: (mark with an X)**  
*(for additional information about your rights please read the Company's privacy policy)*

<b>Know if my personal data is being processed.</b>	<input type="checkbox"/>
<b>Obtain access to my personal data that you are processing and to specific information regarding this processing.</b>	<input type="checkbox"/>
<b>Request rectification of my personal data.</b>	<input type="checkbox"/>
<b>Request deletion of my personal data.</b>	<input type="checkbox"/>
<b>Request restriction of the processing of my personal data.</b>	<input type="checkbox"/>





**What is your relationship to the data subject?** (e.g. parent, legal representative, attorney)

**7. I am enclosing the following true copies as proof of identity** *(mark with an X)*

<b>Personal ID</b>		<b>Passport</b>		<b>Residence Permit</b>	
<b>Other</b>					

**8. I am enclosing the following originals or true copies as proof of legal authorization to act on behalf of the data subject:** *(mark with an X)*

<b>Authorization</b>		<b>Proxy</b>		<b>Judgment</b>		<b>Certificate</b>	
<b>Other</b>							

**9. I wish to receive the information by:** *(mark with an X)*

<b>Receive the information in electronic format</b> <i>(some files may be too large to transmit electronically and we may have to supply in CD format)</i>	
<b>Receive the information by post</b> <i>(Please be aware that if you wish us to post the information to you, we will take every care to ensure that it is addressed correctly. However, we cannot be held liable if the information is lost in the post or incorrectly delivered or opened by someone else in your household. Loss or incorrect delivery may cause you embarrassment or harm if the information is 'sensitive'.)</i>	
<b>View information only</b> <i>(without receiving a copy)</i>	
<b>Collect the information in person</b>	

**Data Subject Declaration**

I declare under my sole responsibility that the information I provide to the Company is accurate and true. I understand that the processing of my ID and residence documents is essential to the consideration of my request. Therefore, I accept the above processing and agree to provide additional information to the Company, provided these are necessary for the consideration and processing of my application.

<b>First name / Surname:</b>			
<b>Signature:</b>		<b>Date:</b>	

**Authorised person Declaration (if applicable)**



Company Logo goes here

I solemnly declare that the information I provide to the Company is accurate and true and relates to the data subject. I also declare responsibly that I act legally on behalf of the data subject. I understand that the processing of the evidence of my identity and proxy is essential to the examination of my request. Therefore, I accept the above processing and agree to provide additional information to the Company if these are necessary for the examination and processing of this request.

<b>First name / Surname:</b>			
<b>Signature:</b>		<b>Date:</b>	